## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10597918                | CHOCHOY, JEAN-PIERRE                    |
| Examiner                | Art Unit                                |
| THIEM PHAN              | 3729                                    |

|   |                |     |  |     |                              | _                            |  |  |  |  |  |             |  |  |  |
|---|----------------|-----|--|-----|------------------------------|------------------------------|--|--|--|--|--|-------------|--|--|--|
| ORIGINAL                                |                |     |  |     |                              | INTERNATIONAL CLASSIFICATION |  |  |  |  |  |             |  |  |  |
|   | CLASS SUBCLASS |     |  |     |                              | CLAIMED                      |  |  |  |  |  | NON-CLAIMED |  |  |  |
| 29 596                                  |                |     |  |     | H 0 2 K 15 / 00 (2006.01.01) |                              |  |  |  |  |  |             |  |  |  |
| CROSS REFERENCE(S)                      |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
| CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |                |     |  | CK) |                              |                              |  |  |  |  |  |             |  |  |  |
| 29                                      | 605            | 606 |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |
|   |                |     |  |     |                              |                              |  |  |  |  |  |             |  |  |  |

| ⊠     | Claims renumbered in the same order as presented by applicant |       |          |       |          |       |          | СР    | 'A [     | ] T.D. |          |       |          |       |          |
|-------|---|-------|----------|-------|----------|-------|----------|-------|----------|--------|----------|-------|----------|-------|----------|
| Final | Original  | Final | Original | Final | Original | Final | Original | Final | Original | Final  | Original | Final | Original | Final | Original |
|       | 1   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 2   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 3   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 4   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 5   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 6   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 7   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 8   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 9   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 10  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 11  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 12  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 13  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 14  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       | 15  |       |          |       |          |       |          |       |          |        |          |       |          |       |          |
|       |   |       |          |       |          |       |          |       |          |        |          |       |          |       |          |

| NONE   | Total Claims Allowed: |                     |                   |  |  |
|--|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                           | (Date)                | 15                  |                   |  |  |
| /THIEM PHAN/<br>Primary Examiner.Art Unit 3729 | 1/04/12               | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                             | (Date)                | 1                   | 2A                |  |  |